FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743797 (3)

1. Corporation Name

THE MAPLE WOOD ISLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SUNVEST PROPERTY MNGMT. CORP. 1100 S STATE RD 7 #100 MARGATE FL 33068 US	C/O SUNVEST PROPERTY MNGMT. CORP. 1100 S STATE RD 7 #100 MARGATE FL 33068 US

3. Date Incorporated or Qualified: 08/03/1978
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business	2a Mailing Address
21 c/o Sunvest Management, Inc	26 c/o Sunvest Management, Inc
22 Suite, Apt. #, etc. 441 S. St. Rd 7 # 4	27 Suite, Apt. #, etc. 441 So St. Rd. 7 # 4
23 City & State Margate, FL.	28 City & State Margate, FL.
24 Zip 33068 25 Country U.S.	29 Zip 33068 30 Country U.S.

4. FEI Number: 59-1907453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C/O SUNVEST MANAGEMENT SERVICE CORP 1100 S STATE ROAD SEVEN, SUITE 100 MARGATE FL 33068	81 Name: Sunvest Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 441 S. State Rd. Seven, Suite 4 83 84 City: Margate FL 85 Zip Code: 33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Sheldon Goldberg — Sheldon Goldberg (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) — 1/30/96 (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SPOLIANSKY, GABE		12 NAME		
STREET ADDRESS	1722 VESTAL DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		14 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WALLACH, PETER		22 NAME		
STREET ADDRESS	10147 VESTAL CT.		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		24 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BAUM, JOEL		32 NAME		
STREET ADDRESS	10014 VESTAL PL.		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		34 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ROTHOLC, ALEC		42 NAME		
STREET ADDRESS	10074 VESTAL PLACE		43 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, BARBARA		52 NAME		
STREET ADDRESS	10050 VESTAL PL.		53 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alec Rotholc — ALEC ROTHOLC (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 1/26/96 (Date) — 3057427032 (Daytime Phone #)

CR2E037 (12/95)